

POS-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). TERRENCE J. COLEMAN SBN-172183 PILLSBURY & LEVINSON, LLP 600 MONTGOMERY STREET, 31ST FLOOR SAN FRANCISCO, CA 94111 TELEPHONE NO.: 415-433-8000 FAX NO. (Optional)		FOR COURT USE ONLY CASE NUMBER: CGC07-469133
E-MAIL ADDRESS (Optional): ATTORNEY OR PARTY (Name): PLAINTIFF		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 MCALLISTER STREET MAILING ADDRESS: CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:		
PLAINTIFF/PETITIONER: VALERIE ZGONC		
DEFENDANT/RESPONDENT: THE LIFE INSURANCE COMPANY OF NORTH A		
PROOF OF SERVICE OF SUMMONS		Ret. No. or File No.: 09396

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
 - ☒ Summons
 - ☒ Complaint
 - ☒ Alternative Dispute Resolution (ADR) package
 - ☒ Civil Case Cover Sheet (served in complex cases only)
 - ☐ Cross-Complaint
 - ☒ Other (specify documents): **NOTICE TO PLAINTIFF; FIRST AMENDED COMPLAINT**
- Party served (specify name of party as shown on documents served):
THE LIFE INSURANCE COMPANY OF NORTH AMERICA
 - ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
VIVIAN IMPERIAL - PROCESS SPECIALIST AUTHORIZED TO ACCEPT
- Address where the party was served:
818 WEST 7TH STREET, LOS ANGELES, CA 90017
- I served the party (check proper box)
 - ☒ by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **12-05-07** (2) at (time): **2:40PM**
 - ☐ by substituted service. On (date): _____ at (time): _____ I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3):
 - ☐ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): _____ from (city): _____ or ☐ a declaration of mailing is attached.
 - ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

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PLAINTIFF/PETITIONER: VALERIE ZGONC	CASE NUMBER: CGC07-469133
DEFENDANT/RESPONDENT: THE LIFE INSURANCE COMPANY OF NORTH A	

5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☒ On behalf of (specify): **THE LIFE INSURANCE COMPANY OF NORTH AMERICA**
under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: **MICHAEL LEE SMITH**
- b. Address: **P.O. BOX 861057, LOS ANGELES, CALIFORNIA 90086-1057**
- c. Telephone number: **(800) 994-5454**
- d. The fee for service was: \$
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ registered California process server.
- (i) ☐ owner ☐ employee ☒ independent contractor.
- (ii) Registration No.: **5159**
- (iii) County: **LOS ANGELES**

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: **December 6, 2007**

MICHAEL LEE SMITH
(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)


(SIGNATURE)